

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09781007
APPLICANT(S)

FILING DATE

02-09-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
10		✓				
11		✓				
12		✓				
13	✓					
14	✓					
15		✓				
16		✓				
17		✓				
18		✓				
19	✓	✓				
20	✓	✓				
21		✓				
22		✓				
23		✓				
24		✓				
25	✓	✓				
26	✓	✓				
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	22					
TOTAL CLAIMS	26					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						